## STATE OF NEBRASKA DEPARTMENT OF AGRICULTURE

## LIVESTOCK SELLERS PROTECTIVE ACT FORM #1a

1.	Name of business:	
2.	Business address:	
3.	Name and title of person in charge:	
4.	Business type: Corporation Individual	
	Partnership Other:(Explain	.n)
5.	Name and address of all plants:	
	a	
	b	
	c	
	d	
6.	Financial assurances provided: Bond(s)	
	Trust agreement(s)	
7.	Desired anniversary date for filing annual financial statements:	
8.	Date:	
9.	Name and title of person filing this form:	
bafcn-	Signature 14	